

MUSKEGO HEALTH CARE CENTER  
S77 W18690 JANESVILLE RD

MUSKEGO 53150 Phone: (262) 679-0246  
Operated from 1/1 To 12/31 Days of Operation: 366  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/04): 49  
Total Licensed Bed Capacity (12/31/04): 49  
Number of Residents on 12/31/04: 48

Ownership: Corporation  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? Yes  
Title 18 (Medicare) Certified? No  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 47

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%	
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		43.8	
Home Health Care	No	-----	-----	-----	-----	1 - 4 Years		45.8	
Supp. Home Care-Personal Care	No	Developmental Disabilities	0.0	Under 65	22.9	More Than 4 Years		10.4	
Supp. Home Care-Household Services	No	Mental Illness (Org./Psy)	54.2	65 - 74	12.5			-----	
Day Services	No	Mental Illness (Other)	6.3	75 - 84	27.1			100.0	
Respite Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	33.3	*****			
Adult Day Care	No	Para-, Quadra-, Hemiplegic	4.2	95 & Over	4.2	Full-Time Equivalent			
Adult Day Health Care	No	Cancer	2.1		-----	Nursing Staff per 100 Residents			
Congregate Meals	No	Fractures	0.0		100.0	(12/31/04)			
Home Delivered Meals	No	Cardiovascular	8.3	65 & Over	77.1	-----			
Other Meals	No	Cerebrovascular	2.1		-----	RNs		10.2	
Transportation	No	Diabetes	2.1	Gender	%	LPNs		10.4	
Referral Service	No	Respiratory	6.3	-----	-----	Nursing Assistants,			
Other Services	No	Other Medical Conditions	14.6	Male	27.1	Aides, & Orderlies			
Provide Day Programming for		-----	-----	Female	72.9	43.4			
Mentally Ill	No	100.0	100.0		-----				
Provide Day Programming for					100.0				
Developmentally Disabled	No				100.0				

## Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Skilled Care	0	0.0	0	42	95.5	128	0	0.0	0	4	100.0	164	0	0.0	0	0	0.0	0	46	95.8	
Intermediate	---	---	---	2	4.5	105	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	4.2	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	0	0.0		44	100.0		0	0.0		4	100.0		0	0.0		0	0.0		48	100.0	

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04							
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Percent Admissions from:		Activities of		% Needing		% Totally		Total	
		Daily Living (ADL)	%	Assistance of		Dependent		Number of	
Private Home/No Home Health	12.8		Independent	One Or Two Staff				Residents	
Private Home/With Home Health	5.1	Bathing	4.2	50.0		45.8			48
Other Nursing Homes	25.6	Dressing	22.9	35.4		41.7			48
Acute Care Hospitals	48.7	Transferring	35.4	52.1		12.5			48
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	29.2	52.1		18.8			48
Rehabilitation Hospitals	0.0	Eating	56.3	22.9		20.8			48
Other Locations	7.7	*****							
Total Number of Admissions	39	Continence		%	Special Treatments			%	
Percent Discharges To:		Indwelling Or External Catheter	16.7		Receiving Respiratory Care				0.0
Private Home/No Home Health	5.3	Occ/Freq. Incontinent of Bladder	50.0		Receiving Tracheostomy Care				0.0
Private Home/With Home Health	7.9	Occ/Freq. Incontinent of Bowel	45.8		Receiving Suctioning				0.0
Other Nursing Homes	10.5				Receiving Ostomy Care				0.0
Acute Care Hospitals	2.6	Mobility			Receiving Tube Feeding				2.1
Psych. Hosp.-MR/DD Facilities	2.6	Physically Restrained	0.0		Receiving Mechanically Altered Diets				47.9
Rehabilitation Hospitals	0.0								
Other Locations	2.6	Skin Care			Other Resident Characteristics				
Deaths	68.4	With Pressure Sores	2.1		Have Advance Directives				100.0
Total Number of Discharges		With Rashes	0.0		Medications				
(Including Deaths)	38				Receiving Psychoactive Drugs				77.1
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Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

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	This Facility	Ownership: Proprietary		Bed Size: Under 50		Licensure: Skilled		All Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.9	86.4	1.11	83.3	1.15	87.3	1.10	88.8	1.08
Current Residents from In-County	33.3	85.0	0.39	64.2	0.52	85.8	0.39	77.4	0.43
Admissions from In-County, Still Residing	12.8	18.1	0.71	10.2	1.25	20.1	0.64	19.4	0.66
Admissions/Average Daily Census	83.0	199.9	0.42	341.9	0.24	173.5	0.48	146.5	0.57
Discharges/Average Daily Census	80.9	201.1	0.40	334.4	0.24	174.4	0.46	148.0	0.55
Discharges To Private Residence/Average Daily Census	10.6	83.1	0.13	163.1	0.07	70.3	0.15	66.9	0.16
Residents Receiving Skilled Care	95.8	95.8	1.00	92.6	1.04	95.8	1.00	89.9	1.07
Residents Aged 65 and Older	77.1	84.4	0.91	90.7	0.85	90.7	0.85	87.9	0.88
Title 19 (Medicaid) Funded Residents	91.7	61.2	1.50	43.8	2.09	56.7	1.62	66.1	1.39
Private Pay Funded Residents	8.3	13.7	0.61	36.4	0.23	23.3	0.36	20.6	0.41
Developmentally Disabled Residents	0.0	1.2	0.00	0.0	.	0.9	0.00	6.0	0.00
Mentally Ill Residents	60.4	30.0	2.01	31.5	1.92	32.5	1.86	33.6	1.80
General Medical Service Residents	14.6	23.2	0.63	25.3	0.58	24.0	0.61	21.1	0.69
Impaired ADL (Mean)	50.0	52.9	0.95	54.8	0.91	51.7	0.97	49.4	1.01
Psychological Problems	77.1	51.7	1.49	54.9	1.40	56.2	1.37	57.7	1.34
Nursing Care Required (Mean)	6.5	8.4	0.77	9.0	0.73	7.7	0.84	7.4	0.88